



EMPLOYEE'S CLEARANCE FROM INDEBTEDNESS

NAME OF EMPLOYEE	SOCIAL SECURITY NO.	MAIL FORWARDING ADDRESS	DATE
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TITLE OF POSITION	STATION NO.	SERVICE DIVISION AND SECTION

THE EMPLOYEE IS (Check one)	THE EMPLOYEE IS (Check one)	EFFECTIVE DATE
<input type="checkbox"/> BEING SEPARATED FROM VA <input type="checkbox"/> BEING TRANSFERRED TO (Specify)	<input type="checkbox"/> VETERAN <input type="checkbox"/> NON-VETERAN	

This certifies that the above-named employee is not indebted to the Government except as noted.

[illegible]

SHORTAGES NOTED ON VOUCHER NO.	DATE OF VOUCHER
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REMARKS

INSTRUCTIONS: This form must be completed and presented to the Agent Cashier, Finance Division, before final payment will be released.

SIGNATURE OF APPROVING OFFICIAL	DATE	INITIALS OF AGENT CASHIER	DATE	INDEBTEDNESS COLLECTED	
				\$	
				SCHEDULE NO.	DATE